

**DRAFT**  
**July 31, 2007**

# **Health and Recovery Services Administration**

## **Emergency Room Projects and Programs Coordinating Team**

**Recommendations for:  
Developing a response to the Legislature**

### **REDUCING UNNECESSARY EMERGENCY ROOM USE**

### **Legislative Charge**

The Washington state health care authority and the department of social and health services shall report to the legislature by December 1, 2007, on recent trends in unnecessary emergency room use by enrollees in state purchased health care programs and the uninsured, and then partner with community organizations and local health care providers to design a demonstration pilot to reduce such unnecessary visits.

The agencies shall design a plan to require hospitals serving patients enrolled in their state financed health plans to effectively link or refer non-emergent patients seeking care in hospital emergency rooms to twenty-four hour clinics located in the community. The clinic must be reasonably accessible and available to the patient. The agencies shall design a plan to provide all enrollees, beneficiaries, and participants in their health coverage access to a twenty-four hour, seven day a week, nurse hotline that is accessible via the two-one-one system.

The agencies shall develop technical service agreements to secure public service announcements through television, radio, and print media to inform the public of access to the nurse hotline.

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  - a. System Specific Interventions
    - Increased Access
      - 1. Expanded Office Hours – Evenings , including Saturday access
      - 2. Implementation of Advanced or Open Access Scheduling
      - 3. Improved Medical Resource management to address high volume periods, e.g., winter peaks (September through April).
    - Co-pays
    - Managed Care Lock In for Narcotic Over-users
    - Member Education
    - Collaborations between hospitals and providers to address over-utilization
    - Improved programming for clients with dual diagnoses
    - Reestablish Level 1 Triage visits to the ED
    - Capitation of ED visits

b. Population Specific Interventions

- High Utilizers
  1. Adoption of PRR program in Healthy Options
  2. Quality Improvement Program
  3. ER Nurse Case Manager
- Low Intensity/Complexity
  1. Health Literacy (Parent Education) that encourage self-management and appropriate use of health care resources.
  2. Health Navigators
  3. Nurse Hotline
  4. ER Next Day Call t
- GAU care coordination to address greater physical and mental health disease burden

VIII. Appendices